AUBURN PARKS, ARTS & RECREATION

OFFICIAL SPORTS ROSTER

| Add Drop New Team Registration | |
|---|---|
| Sport: | League: |
| Coach/Manager Name:Check if Assistant Coach | Team Name: |
| Player's Name: Gender: Male Female | Driver's License Number: |
| Address: | |
| City: | Zip: |
| Home Phone: | Work Phone: |
| E-Mail: | Birthdate: Age: |
| Please check box indicating the highest level you competed at (in the above named sport): None High School JV High School Varsity 2 year College 4 year College | |
| As coach/assistant coach of aboved named team, I approve the above player to be added to my roster. | Coach/Asst. Coach Signature |
| Assumption of Risks/ Exculpatory Clause: For and in consider the above-named activity/activities offered by the Auburn P my signature below, do hereby hold harmless, release and officials, employees, agents, or contracted instructors, and a injuries, losses or damages suffered by myself or my child a in this activity/activities. I accept full responsibility for the confered by myself or my child while taking part in this activity/activities. I give permission to have my photo or the for publicity purposes by the Auburn Parks, Arts & Recreation | eration of the opportunity offered to me to participate in tarks, Arts & Recreation Department, I, as evidenced by waive all claims I may have against the City of Auburn, its any other person(s) involved in this activity for any and all as a result of my participation or my child's participation ost of treatment for any injury, losses, damages or death vity/activities or as a result of either of us taking part in the exphoto of my child or children, taken during classes, used on Department. |
| Signature of Participant: | Date: |
| Team registration will not be accepted if coach does not submit the minimum number of players allowable to register the team. | ** * * * * * * * * * * * * * * * * * * |
| Return to: Auburn Parks, Arts & Recreation Department 910 Ninth Street SE, Auburn WA 98002 | 253-931-3043 www.auburnwa.gov |
| FAX 253-931-4005 | sportsleagues@auburnwa.gov |
| CREDIT CARD INFORMATION V/SA | Make check payable to Auburn Parks, TOTAL DUE \$ |
| VISA DIMO FXP DATE VISA OF MASTERCARD # | Please print name of cardholder |